

# Statement of Organization (Slate Mailer Organization)

(Government Code Sections 84100,84101,84103,84104,84108)

Type or print in ink.

<b>Amendment</b> <input checked="" type="checkbox"/> Check box if an Amendment and enter I.D. number: # 001	Date Stamp	<b>CALIFORNIA 1992 FORM 400</b> FOR OFFICIAL USE ONLY
<b>Date qualified as a Slate Mailer Organization:</b> (Month, Day, Year) _____	1/4	

Please check one box to indicate the organization's level of activity:

- ☐ CITY  
☒ STATE  
☐ COUNTY

File an original and one copy of this form with:  
Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:  
The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.

## I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

### No Party Preference Voter Guide

STREET ADDRESS OF SLATE MAILER ORGANIZATION: (NO. AND STREET)

CITY	STATE	ZIP CODE	COUNTY	AREA CODE	PHONE NUMBER
Sacramento	CA	95841	Sacramento		

MAILING ADDRESS OF FILER (IF DIFFERENT THAN ABOVE):

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

## II Treasurer And Other Principal Officers

	NAME AND PERMANENT ADDRESS	(AREA CODE) DAYTIME PHONE NO.
TREASURER	Rita Copeland Sacramento CA 95841	

Please see attached pages for other officers

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS

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## III Individuals Who Authorize Contents Of Slate Mailers (See Instructions on Reverse)

Please see attached pages

## IV Is This Organization A "Committee" Pursuant To Government Code Section 82013?

☐ **YES** (PROVIDE THE NAME AND, IF RECIPIENT COMMITTEE, THE IDENTIFICATION NUMBER OF THE COMMITTEE.)

☒ **NO**

NAME: \_\_\_\_\_ ID NO. \_\_\_\_\_

## V Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/12/2018 At Sacramento By Rita Copeland CA  
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Rita Copeland CA Title Treasurer  
(TYPE OR PRINT)

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FULL NAME OF SLATE MAILER ORGANIZATION:

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## III Individuals Who Authorize Contents Of Slate Mailers (See Instructions on Reverse)

FULL NAME	ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE)	(AREA CODE) DAYTIME PHONE NO.
Paul Fickas	Sacramento CA 95864	

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## II Treasurer And Other Principal Officers

POSITION	NAME AND PERMANENT ADDRESS	(AREA CODE) DAYTIME PHONE NO.
Assistant Treasurer	Denise Lewis  Sacramento CA 95841	

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